County: Brown
LEDGE VIEW NURSING CENTER, INC.
3737 DICKINSON ROAD
DE PERE 54115 Ph DE PERE 54115 Phone: (920) 336-7733
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 38
Total Licensed Bed Capacity (12/31/00): 38
Number of Residents on 12/31/00: 28 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 28

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups		Less Than 1 Year 1 - 4 Years	39. 3 53. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7. 1	More Than 4 Years	7. 1
Day Servi ces	No	Mental Illness (Org./Psy)	21. 4	65 - 74	7. 1		
Respite Care	No	Mental Illness (Other)	10. 7	75 - 84	50. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	32. 1	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3. 6	95 & 0ver	3. 6	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	7. 1		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	10. 7	65 & 0ver	92. 9	[	
Transportation	No	Cerebrovascul ar	17. 9			RNs	12.8
Referral Service	No	Di abetes	14. 3	Sex	%	LPNs	8. 2
Other Services	No	Respi ratory	10. 7			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	3. 6	Male	39. 3	Aides & Orderlies	35. 8
Mentally Ill	No			Female	60. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)				0ther			Private Pay			Managed Care			Percent			
			Per Die	m		Per Die	em		Per Diem		Per Diem		Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	2		\$208. 13	19	86. 4	\$98.65	ŏ	0. 0	\$0. 00	4		\$110.00	ŏ	0. 0	\$0.00	25	89. 3%
Intermedi ate				3	13.6	\$81. 73	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	3	10. 7%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		22	100. 0		0	0.0		4	100.0		0	0.0		28	100.0%

\* Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 11. 1 Private Home/With Home Health 0.0 Baťhi ng 21.4 60.7 17. 9 28 Other Nursing Homes 0.0 **Dressing** 21.4 60. 7 17. 9 28 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 86. 1 Transferring 57. 1 17.9 28 **25.** 0 28 28.6 2.8 Toilet Use 50.0 21.4 0.0 28 Eating 78. 6 14.3 7. 1 Other Locations \*\*\*\*\*\* 0.0 Total Number of Admissions 36 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 7. 1 Private Home/No Home Health 21.6 Occ/Freq. Incontinent of Bladder 35. 7 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 32. 1 0.0 Other Nursing Homes 5.4 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 37.8 Mobility 3. 6 Physically Restrained 2.7 7. 1 32. 1 0.0 Other Locations 8. 1 Skin Care Other Resident Characteristics 3. 6 Deaths 24.3 With Pressure Sores Have Advance Directives 14.3 Total Number of Discharges With Rashes 0.0 Medications (Including Deaths) Receiving Psychoactive Drugs 57. 1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:			Si ze:		ensure:		
	Thi s	Proj	pri etary	Unde	er 50	Ski l	led	Al l	
	Facility	Peer Group		Peer	Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73. 7	82. 5	0.89	87. 9	0. 84	84. 1	0. 88	84. 5	0. 87
Current Residents from In-County	89. 3	83. 3	1. 07	72. 9	1. 23	83. 5	1. 07	77. 5	1. 15
Admissions from In-County, Still Residing	<b>25</b> . <b>0</b>	19. 9	1. 26	31. 0	0. 81	22. 9	1. 09	21. 5	1. 16
Admi ssi ons/Average Daily Census	128. 6	170. 1	0. 76	70. 7	1. 82	134. 3	0. 96	124. 3	1.03
Di scharges/Average Daily Census	132. 1	170. 7	0. 77	<b>76. 4</b>	1. 73	135. 6	0. 97	126. 1	1.05
Discharges To Private Residence/Average Daily Census	28. 6	70. 8	0.40	14. 6	1. 95	<b>53. 6</b>	0. 53	49. 9	0. 57
Residents Receiving Skilled Care	89. 3	91. 2	0. 98	86. 1	1.04	90. 1	0. 99	83. 3	1.07
Residents Aged 65 and Older	92. 9	93. 7	0. 99	97. 8	0. 95	92. 7	1.00	87. 7	1.06
Title 19 (Medicaid) Funded Residents	<b>78</b> . <b>6</b>	62. 6	1. 26	<b>59. 8</b>	1. 31	63. 5	1. 24	69. 0	1. 14
Private Pay Funded Residents	14. 3	24. 4	0. 59	37. 1	0. 38	27. 0	0. 53	22. 6	0. 63
Developmentally Disabled Residents	0. 0	0. 8	0.00	1.4	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	32. 1	30. 6	1.05	36. 6	0. 88	37. 3	0. 86	33. 3	0. 96
General Medical Service Residents	3. 6	19. 9	0. 18	13. 0	0. 27	19. 2	0. 19	18. 4	0. 19
Impaired ADL (Mean)	37. 9	48. 6	0. 78	50. 6	0. 75	49. 7	0. 76	49. 4	0.77
Psychological Problems	57. 1	47. 2	1. 21	63. 4	0. 90	50. 7	1. 13	50. 1	1.14
Nursing Care Required (Mean)	5.8	6. 2	0. 94	8. 0	0. 72	6. 4	0. 90	7. 2	0.81